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AMENDMENT TRANSMITTAL LETTER

Docket No. 04393/0203024-US0

Application No.	Filing Date	Examiner	Art Unit
10/540,302	June 21, 2005	Not Yet Assigned	N/A

Applicant(s): Kunihiro Ohta et al.

Invention: THE METHOD OF INDUCING HOMOLOGOUS RECOMBINATION OF SOMATIC CELL

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

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	Claims Remaining After, Amendment	Highest Number Previously Paid	Number Extra Claims Present	Ra	nte	
Total Claims	24	- 20 :	= 4	х	50.00	200.0
Independent Claims	2	- 3 =	=	х		
Multiple Depend	lent Claims (ch	eck if applica	able)			
Other fee (pleas	e specify):					
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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/540,302 Filing Date TRANSMITTAL June 21, 2005 First Named Inventor **FORM** Kunihiro Ohta Art Unit N/A (to be used for all correspondence after initial filing) **Examiner Name** Not Yet Assigned Attorney Docket Number Total Number of Pages in This Submission 04393/0203024-US0 ENCLOSURES (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) Appeal Communication to Board of x Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC x | Amendment/Reply (6 pages) Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request Terminal Disclaimer Identify below): Return Receipt Postcard, Express Abandonment Request Request for Refund Amendment Transmittal Letter and Certificate of Express Mailing Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name DARBY & DARBY P.C. Signature - Coln. Printed name Sarah N. Goldin, Ph.D. Date Reg. No. August 3, 2005 54.127

Express Mail Label No.	Dated:	

PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE nder the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/540,302 Application Number RANSMIT Filing Date June 21, 2005 Kunihiro Ohta First Named Inventor For FY 2005 Examiner Name Not Yet Assigned Applicant claims small entity status. See 37 CFR 1.27 N/A Art Unit 04393/0203024-US0 **TOTAL AMOUNT OF PAYMENT** (\$) 200.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Check Credit Card Money Order None Other (please identify): Deposit Account Number: 04-0100 Deposit Account Name Darby & Darby P.C. Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) 200 100 Utility 300 150 500 250 200 100 100 50 130 65 Design 200 100 300 150 160 80 Plant 600 300 500 250 300 150 Reissue 200 100 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 Multiple dependent claims 360 **Multiple Dependent Claims** Fee Paid (\$) **Total Claims Extra Claims** 200.00 Fee Paid (\$) 50.00 Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) 23 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) **Total Sheets** Extra Sheets - 100 = /50 (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No Telephone (212) 527-7700 54,127 Signature August 3, 2005 Name (Print/Type) Sarah N. Goldin, Ph.D. Date

Docket No.: 04393/0203024-US0

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Kunihiro Ohta et al.

Application No.: 10/540,302

Confirmation No.: @@@

Filed: June 21, 2005

Art Unit: N/A

For: THE METHOD OF INDUCING

HOMOLOGOUS RECOMBINATION OF

SOMATIC CELL

Examiner: Not Yet Assigned

FIRST PRELIMINARY AMENDMENT

MS Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.